

Name
in
Full

Robert Boardley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

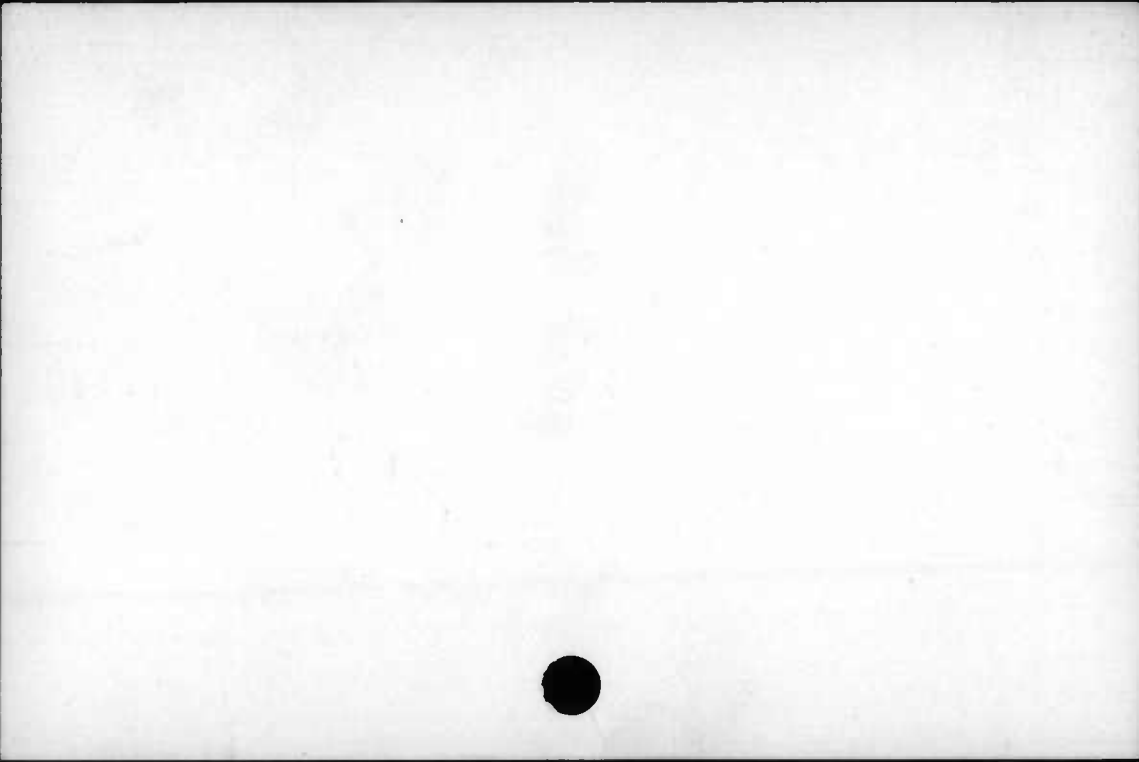
Died at <i>Lo. Marlboro</i>		Town <i>Lo. Marlboro</i>		County <i>Lo. Marlboro</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>April</i>	Day <i>17</i>	Age <i>74</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Lo. Marlboro Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Boardley</i>					
Father's Name <i>John Boardley</i>		Father's Birthplace <i>Lo. Marlboro Co</i>					
Mother's Maiden Name <i>Charlotte Clarke</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>James Boardley</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Diffuse Nephritis</i>	How long	<i>12 months</i>
Immediate?		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Himmigan</i>	
Address <i>Lower Marlboro</i>			
Accident or Suicide? <i>No</i>			



Name
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Angie Marie Greenfield

CERTIFICATE OF DEATH

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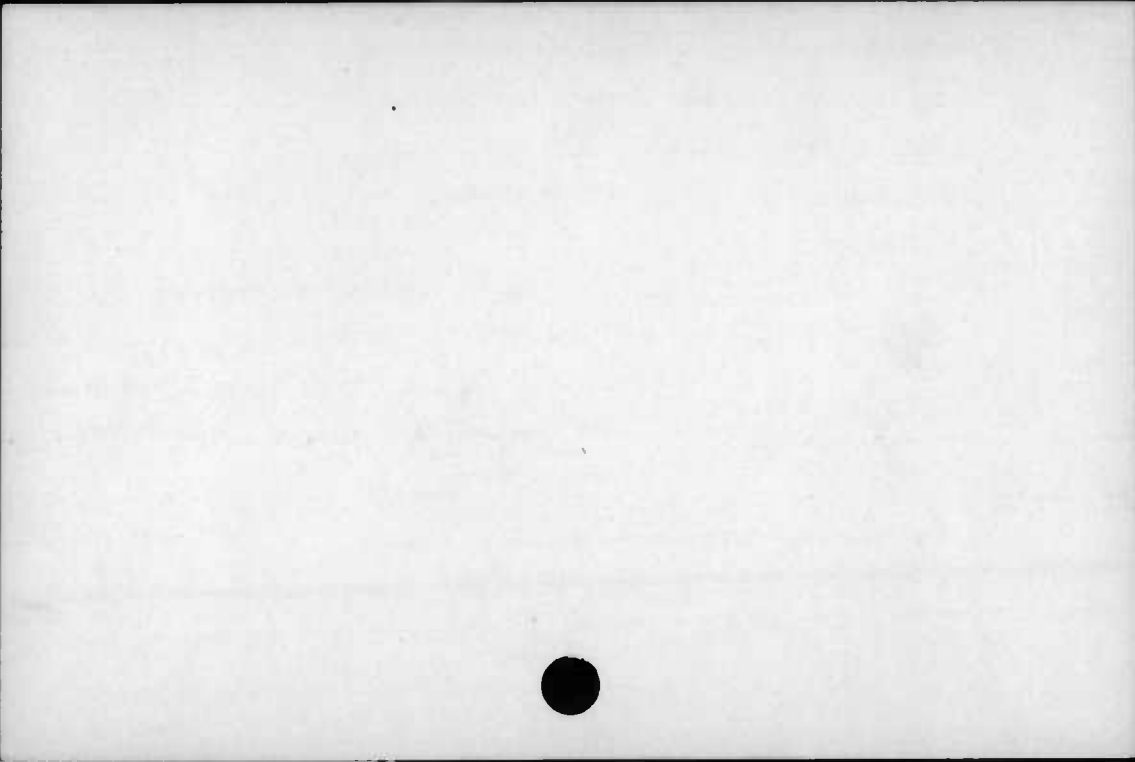
Died at		Town Solomons		County Calvert		MARYLAND	
Date of death		190	Month 8 April	Day 7	Age —	Months 3	Days —
Sex Female		Color or Race White		Birth- place Calvert 8 md			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name John H Greenfield				Father's Birthplace Washington DC			
Mother's Maiden Name Angie Thompson				Mother's Birthplace St Marys 6 md			
Name of person giving Information John H Greenfield				How related to deceased Father			

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	Erysipelas	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		L. F. Chambers M.D.	
Address		Lusby, Calvert 8 md	
Accident or Suicide?			



Name
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Thomas Grinnon

CERTIFICATE OF DEATH

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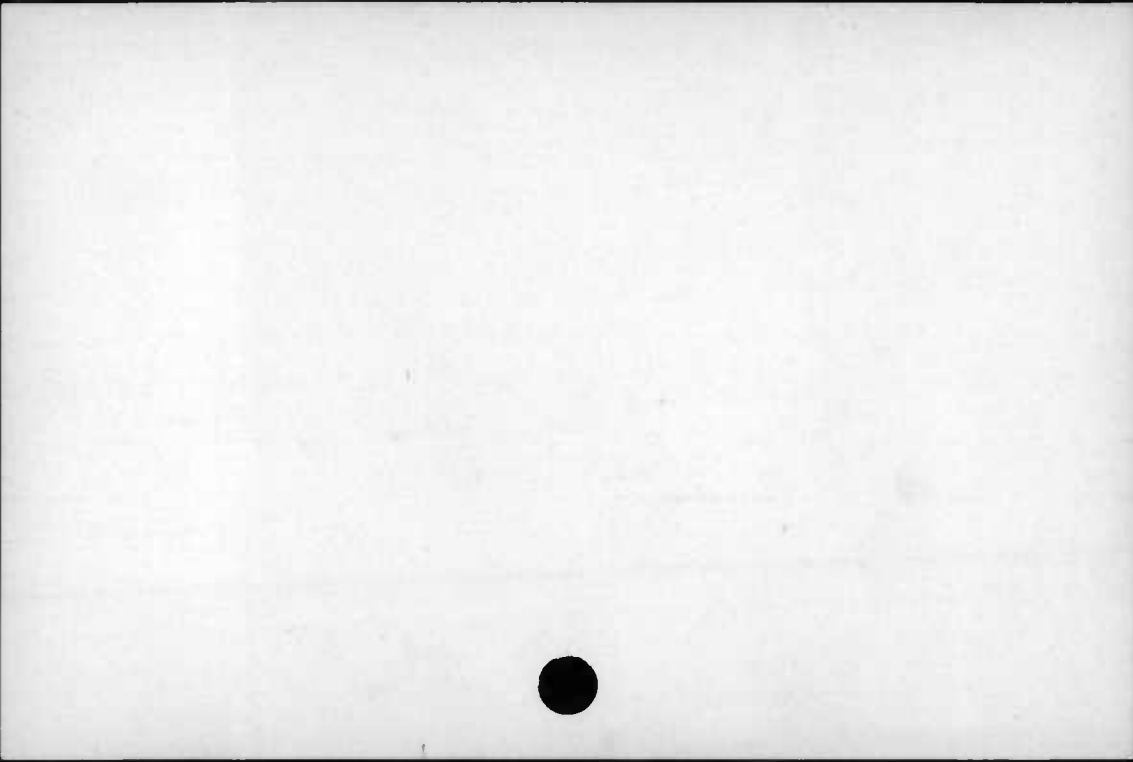
Died at		Town Huntingtown		County Calvert		MARYLAND	
Date of death		1908	Month Apr	Day 3	Age 69	Years	Months Days
Sex Male		Color or Race White		Birth- place Cal. Co.			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Not known					
Father's Name Not known		Father's Birthplace Not known					
Mother's Maiden Name "		Mother's Birthplace Not known					
Name of person giving Information Wayne Cochran		How related to deceased Grand son					

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Chronic Suppuration of Ankle	How long	2 yrs.
Immediate	Gum from 7 foot	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Teitch	
Address		Huntingtown, Md.	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

Robert Johnson
Cover ^{Town} Calvert ^{County}

MARYLAND

Died at

Date

of death 1908 April

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

90

Primary

How long

Immediate

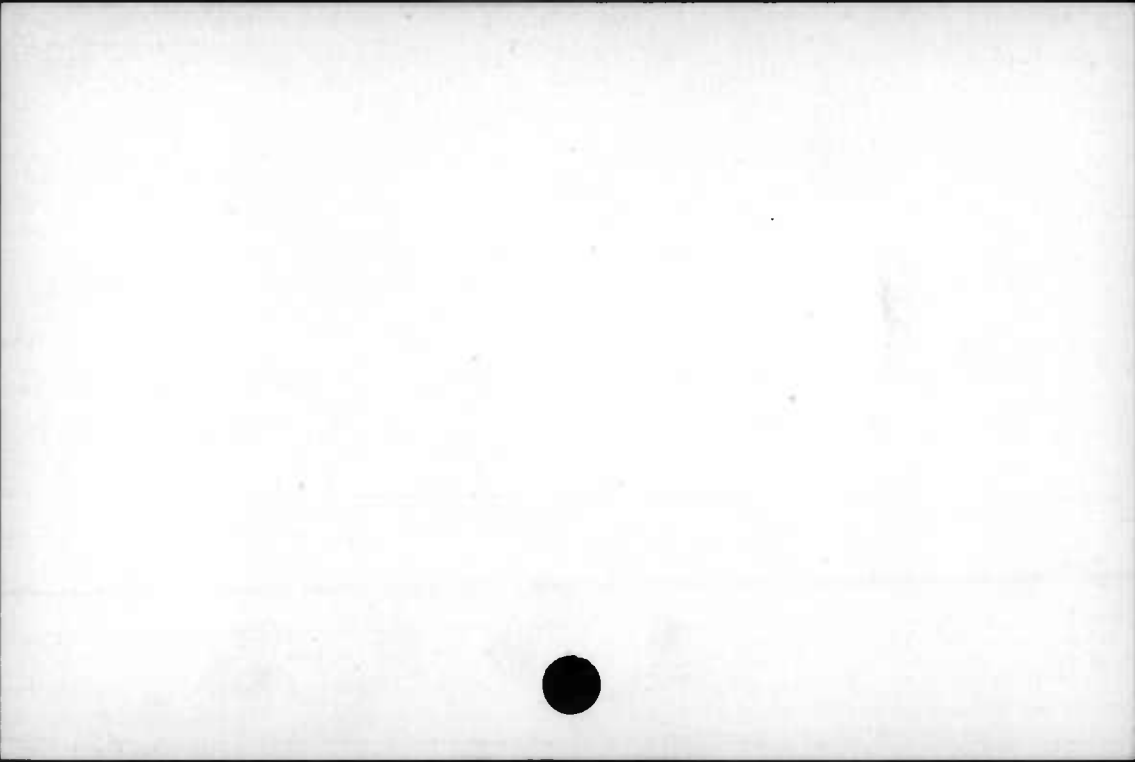
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

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CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <u>Willow</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>April</u> ^{Month}	<u>6</u> ^{Day}	<u>37</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Willow, Md.</u>		
Occupation <u>Housekeeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alvin Soper</u>				
Father's Name <u>William Virgil Wilburn</u>	Father's Birthplace <u>Thurs Pt. Md.</u>		Mother's Birthplace <u>Parson, Md.</u>		
Mother's Maiden Name <u>Rosella Crawford</u>	Name of person giving information <u>Emory Wilburn</u>		How related to deceased <u>Brother</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>5 days</u>
Immediate <u>Eclampsia</u>	How long <u>5 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Talbot</u>
	Address <u>Willow, Maryland</u>
Accident or Suicide? <u>9</u>	



Name
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Abraham Thomas

CERTIFICATE OF DEATH

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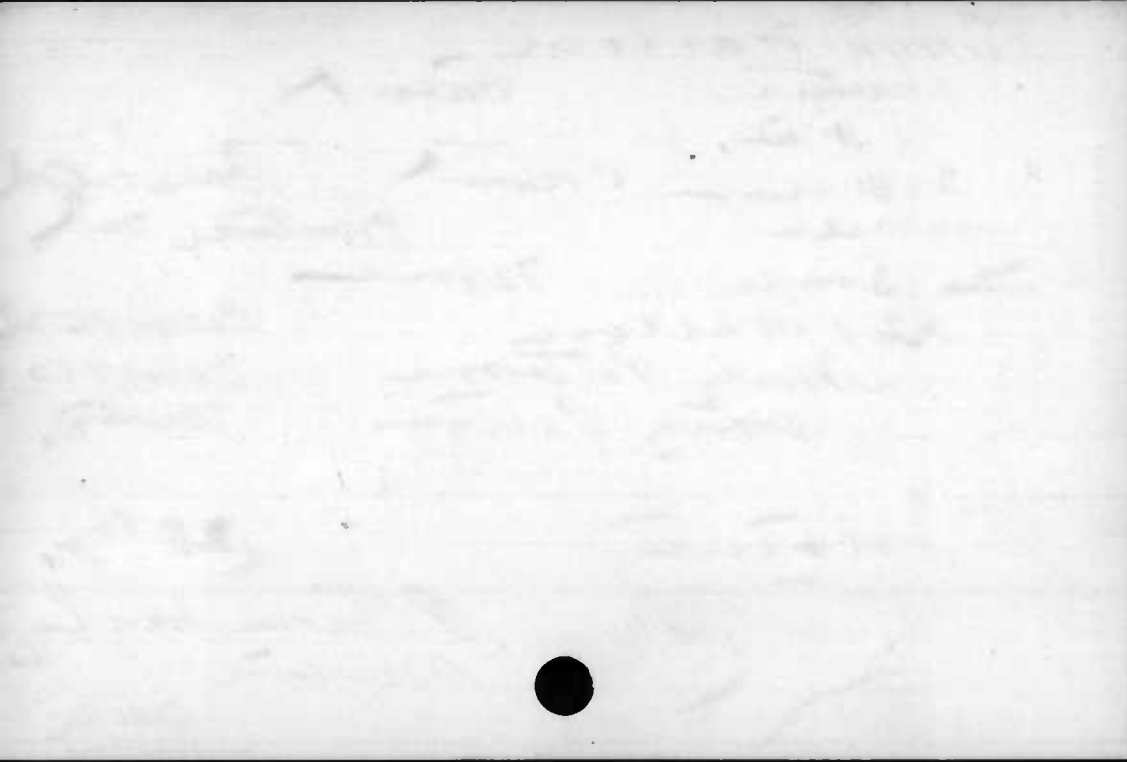
Died at		Town <i>Sweetarts</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>Apr.</i>	Day <i>4</i>	Years <i>49</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Calvert Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death —			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Matilda Thomas</i>					
Father's Name <i>Thomas</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Catherine Burgess</i>				Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Jos G. Scott</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Val. dis. of Heart</i>	How long <i>6 months</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. Nimmur</i>
		Address <i>Lo. Marlboro,</i>
Accident or Suicide? <i>—</i>		<i>Md.</i>



Name
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Emma Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mutual</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small> <u>June</u> <small>Day</small> <u>18</u>		Age <u>28</u> <small>Years</small>		Months <u>28</u> <small>Days</small>	
Sex <u>Female</u>	Color or <u>Color</u>	Birth-place <u>Baltimore</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Mutual Md</u>				
Married Single <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Geo Wallace</u>	Father's Birthplace <u>Calvert Co Md</u>				
Mother's Maiden Name <u>Emily Patterson</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information <u>Emily Patterson</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Intoxication</u>	How long <u>28 day</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. Brown</u>
<u>—</u>	Address <u>Mutual</u>
	<u>none</u>
Accident or Suicide? <u>—</u>	

